

Crossfit Injury Survey

I would like to invite you to participate in a research study being conducted by the University of Rochester Sports Medicine Department. Brian Giordano, MD and Benjamin Weisenthal, MS1, from the Department of Orthopedics at the University of Rochester, have developed a survey titled "Injury Rate, Location, and Type Among Crossfit Participants". We recognize that Crossfit is a rapidly growing phenomenon in the exercise community. As of now, there have been no medical studies examining injury rate in Crossfit participants. We would like to assess the injury rate, location, and type among Crossfit participants and any specific factors that may increase or decrease these variables. This information would be mutually beneficial, as it would make physicians aware of potential injuries regarding Crossfit while alerting the Crossfit community to any trends in injury rate among its participants. As such, we have developed a short (5-10min) online survey to accurately assess injury rate, location, and type among Crossfit participants in an unbiased fashion, which you are invited to complete. Participation in the survey is voluntary, and completion implies your consent to participate. We are not collecting any confidential information. There are no foreseeable risks involved with the study. We appreciate the time it takes to complete the survey, and as we accumulate data we will keep the Crossfit community aware of any pertinent findings.

Demographics

Today's Date

Age

(years)

Height

(inches)

Weight

(pounds)

What extent of physical exertion is your occupation associated with?

- Mainly sedentary
 Work that largely requires standing and walking, but does not require physical exertion
 Work involving standing and walking, but also involves lifting and carrying
 Heavy work

Do you train at a Crossfit gym?

- Yes
 No

Crossfit Gym Location

City

State

Sex

- Male
 Female

Are you a Crossfit coach or gym owner?

- Yes
 No

Does your gym require a training period for beginners?

- Yes
 No
(ex; on-ramp or fundamentals program)

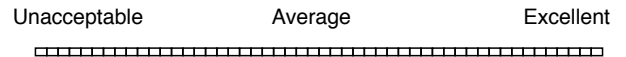
On average, which of the following is part of your warm-up?

- Full body exercise (ex; running, rowing, jump rope)
- Dynamic stretching (ex; shoulder dislocates, mountain climbers, walk out push-ups)
- Movement specific exercises
- Movement review
- Gradual warm-up to workout weight (check all that apply)

At your gym, are the trainers you work with either aware of your exercise limitations or able to help you with them before the start of the workout?

- All of the trainers
- Greater than half of trainers
- About half of the trainers
- Less than half of a trainers
- None of the trainers

How would you rate the average quality of the trainers in your gym?



(Place a mark on the scale above)

At your gym, are trainers present and actively correcting your form during workouts?

- All of the time
- Most of the time
- Some of the time
- Never

Do you make a conscious effort to correct your form when a trainer critiques you?

- All of the time
- Most of the time
- Some of the time
- Never

On average, at your gym, do you have to scale the workout because the programmed repetitions or weights are either too high or too heavy for your ability?

- Yes
- No

On average, do you have to scale the workouts on Crossfit.com because the programmed repetitions or weights are either too high or too heavy for your ability?

- Yes
- No

At your gym, how many times a week is there a programmed strength component before the conditioning part of the workout?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

How long have you been doing Crossfit for?

- 1 month
- 3 months
- 6 months
- 12 months
- 18 months
- 24 months
- 30 months
- Greater than 3 years

On average, how many days a week do you do Crossfit workouts?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

On average, how long is each of your training sessions?

- 15 minutes
 - 30 minutes
 - 45 minutes
 - 60 minutes
 - 75 minutes
 - 90 minutes
 - 105 minutes
 - 120 minutes
- (to the nearest 15 minutes)

On average, how many rest days do you take per week?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Do you train in sports specific athletics outside of Crossfit classes?

- Yes
 - No
- (ex; crossfit endurance, basketball, soccer, cycling)

What type of training do you participate in?

How many sessions a week to do you train outside of Crossfit classes?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Exercise Statistics

Maximum deadlift

- 500-550
 - 450-500
 - 400-450
 - 350-400
 - 300-350
 - 250-300
 - 200-250
 - 150-200
 - 100-150
 - 50-100
 - 0-50
- (pounds)

Maximum squat

- 500-550
 - 450-500
 - 400-450
 - 350-400
 - 300-350
 - 250-300
 - 200-250
 - 150-200
 - 100-150
 - 50-100
 - 0-50
- (pounds, back or front)

Maximum strict overhead press

- 225-250
 - 200-225
 - 175-200
 - 150-175
 - 125-150
 - 100-125
 - 75-100
 - 50-75
 - 25-50
 - 0-25
- (pounds)

Maximum clean and jerk

- 350-400
 - 300-350
 - 250-300
 - 200-250
 - 150-200
 - 100-150
 - 50-100
 - 0-50
- (pounds)

Maximum snatch

- 250-275
 - 225-250
 - 200-225
 - 175-200
 - 150-175
 - 125-150
 - 100-125
 - 75-100
 - 50-75
 - 25-50
 - 0-25
- (pounds)

Maximum number of pull-ups

- 25-30
 - 20-25
 - 15-20
 - 10-15
 - 5-10
 - 0-5
- (no band, strict without coming off the bar)

Maximum number of pushups

- 50-60
 - 40-50
 - 30-40
 - 20-30
 - 10-20
 - 0-10
- (without stopping)

Best 5k time

- 16:00 - 17:00
- 17:00 - 18:00
- 18:00 - 19:00
- 19:00 - 20:00
- 20:00 - 21:00
- 21:00 - 22:00
- 22:00 - 23:00
- 23:00 - 24:00
- 24:00 - 25:00
- 25:00 - 26:00
- 26:00 - 27:00
- 27:00 - 28:00
- 28:00 - 29:00
- 29:00 - 30:00
- 30:00 +
(minutes)

Best fran time

- 1 - 2
- 2 - 3
- 3 - 4
- 4 - 5
- 5 - 6
- 6 - 7
- 7 - 8
- 8 - 9
- 9 - 10
- 10 - 11
(minutes (Fran = 21-15-9 of Thrusters/Pullups))

Previous Athletic Experiences

What was your frequency of exercising prior to starting Crossfit?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
(days/week)

How many hours did you exercise on those days?

- 1
- 2
- 3
- 4
- 5
- 6
(hours)

What did your training primarily consist of before starting Crossfit?

- Baseball
- Basketball
- Bodybuilding
- Boxing
- Climbing
- Cycling
- Football
- Gymnastics
- Hockey
- Lacrosse
- Martial Arts
- Olympic Weightlifting
- Rowing
- Rugby
- Running
- Skiing
- Snowboarding
- Soccer
- Softball
- Swimming
- Tennis
- Track/Field
- Traditional Weightlifting
- Triathlons
- Volleyball
- Wrestling
- Yoga
- None of the above
(check all that apply)

Did you did participate in sports at any of these levels?

- High School
- College
- Semi-Professionally
- Professionally
- Not applicable
(check all that apply)

Injury report

Have you ever experienced Rhabdomyolysis because of a Crossfit workout?

- Yes
- No

Have you sustained any injuries over the past SIX MONTHS during a Crossfit workout that caused you to meet any of the following three criteria; 1. Abstain completely from Crossfit and physical activity for more than one week. 2. Modify workouts for more than two weeks. 3. Seek help from a medical professional.

- Yes
- No

How many injuries have you experienced?

- 1
- 2
- 3

First Injury

What was the date of the first injury?

(MM-DD-YYYY (if you don't remember the exact day put the month and year))

Which of the three criteria did you meet?

- Abstained completely from Crossfit and physical activity for more than one week
- Modified workouts for more than two weeks
- Sought help from a medical professional
(check all that apply)

What type of medical professional did you see?

- ER/Urgent Care
 - Primary Care Physician
 - Sports Medicine Physician
 - Chiropractor
 - Physical Therapist
 - Nurse
 - Other
- (check all that apply)

What type of health care professional did you see?

Did you see a chiropractor for Active Release Therapy (ART)?

- Yes
- No

What body area was injured?

- Spine
- Upper Extremity (above the waist)
- Lower Extremity (below the waist)
- Other/unclassified by site

Which body part was injured?

- Neck
- Upper back
- Middle back
- Lower Back
- Shoulder
- Upper Arm
- Elbow
- Forearm
- Wrist
- Hand
- Hip
- Groin
- Upper Leg
- Knee
- Lower leg
- Achilles/Calf
- Ankle
- Foot/toe

What was the injury?

Prior to the injury did you feel any discomfort in the injured area?

- No, not at all
- Yes, slight pain/stiffness for the past week
- Yes, slight pain/stiffness for more than 1 week
- Other

What sort of discomfort did you feel?

Have you had an injury to the same body part over the past year?

- Yes
- No

What was the diagnosis of the previous injury?

- General inflammation and pain
- Joint overuse
- Stress fracture
- Sprain/Strain
- Rupture
- Dislocation
- Other/unspecified pain

What was the final diagnosis of the first injury?

- General inflammation and pain
- Joint overuse
- Stress fracture
- Sprain/Strain
- Rupture
- Dislocation
- Other/unspecified pain

Who made the diagnosis?

- Yourself
- Coach
- Physician
- Chiropractor
- Physical Therapist
- Nurse
- Other

What was the medical diagnosis communicated to you by the healthcare provider?

_____ (ex; hamstring strain, mark n/a if unknown)

What type of medical treatment have you received/used for your injury?

- No treatment
- Drugs
- Manual therapy (massage, mobilization, manipulation, icing, strapping etc)
- Rehabilitation exercises
- Acupuncture
- Surgery
- Other
(check all that apply)

Did you have to abstain from training due to this injury?

- Yes
- No

How long did you have to completely abstain from training?

_____ (days)

How long did you have to participate in reduced training after returning?

_____ (days)

What exercise do you think resulted in this injury?

In what context of the exercise did the injury occur?

- Heavy 1RM, 3RM, or 5RM
- Heavier conditioning workout
- Lighter higher repetition conditioning workout
- Practicing movement outside of a workout or structured lift
(RM = Repetition Maximum (most weight you can lift for a defined number of movements))

What do you think caused the injury?

- Improper form
- Too heavy of a weight
- Fatigue
- Lack of guidance
- Exacerbation of previous injury
- Other

Did the injury occur in a competition?

- Yes
- No

Did the injury occur during a team workout?

- Yes
- No

Second Injury

What was the date of the second injury?

_____ (MM-DD-YYYY (if you don't remember the exact day put the month and year))

Which of the three criteria did you meet for for the second injury?

- Abstained completely from Crossfit and physical activity for more than one week
- Modified workouts for more than two weeks
- Sought help from a medical professional
(check all that apply)

What type of medical professional did you see?

- ER/Urgent Care
 - Primary Care Physician
 - Sports Medicine Physician
 - Chiropractor
 - Physical Therapist
 - Nurse
 - Other
- (check all that apply)

What type of health care professional did you see?

Did you see a chiropractor for Active Release Therapy (ART)?

- Yes
- No

What body area was injured?

- Spine
- Upper Extremity (above the waist)
- Lower Extremity (below the waist)
- Other/unclassified by site

Which body part was injured?

- Neck
- Upper back
- Middle back
- Lower Back
- Shoulder
- Upper Arm
- Elbow
- Forearm
- Wrist
- Hand
- Hip
- Groin
- Knee
- Lower leg
- Achilles/Calf
- Ankle
- Foot/toe

What was the injury?

Prior to the injury did you feel any discomfort in the injured area?

- No, not at all
- Yes, slight pain/stiffness for the past week
- Yes, slight pain/stiffness for more than 1 week
- Other

What sort of discomfort did you feel?

Have you had an injury to the same body part over the past year?

- Yes
- No

What was the diagnosis of the previous injury?

- General inflammation and pain
- Joint overuse
- Stress fracture
- Sprain/Strain
- Rupture
- Dislocation
- Other/unspecified pain

What was the final diagnosis of the second injury?

- General inflammation and pain
- Joint overuse
- Stress fracture
- Sprain
- Strain
- Rupture
- Dislocation
- Other/unspecified pain

Who made the diagnosis?

- Yourself
- Coach
- Physician
- Chiropractor
- Physical Therapist
- Nurse
- Other

What was the medical diagnosis communicated to you by the healthcare provider?

(ex; hamstring strain, mark n/a if unknown)

Did you have to abstain from training due to this injury?

- Yes
- No

How long did you have to completely abstain from training due to the injury?

(days)

How long did you have to participate in reduced training after returning?

(days)

What exercise do you think resulted in the injury?

In what context of the exercise did the injury occur?

- Heavy 1RM, 3RM, or 5RM
- Heavier conditioning workout
- Lighter higher repetition conditioning workout
- Practicing movement outside of a workout or structured lift
(RM = Repetition Maximum (most weight you can lift for a defined number of movements))

What do you think caused the injury?

- Improper form
- Too heavy of a weight
- Fatigue
- Lack of guidance
- Exacerbation of previous injury
- Other

Did the injury occur in a competition?

- Yes
- No

Did the injury occur during a team workout?

- Yes
- No

Third Injury

What was the date of your third injury?

(MM-DD-YYYY (if you don't remember the exact day put the month and year))

Which of the three criteria did you meet for for the third injury?

- Abstained completely from Crossfit and physical activity for more than one week
- Modified workouts for more than two weeks
- Sought help from a medical professional (check all that apply)

What type of medical professional did you see?

- ER/Urgent Care
- Primary Care Physician
- Sports Medicine Physician
- Chiropractor
- Physical Therapist
- Nurse
- Other
(check all that apply)

What type of health care professional did you see?

Did you see a chiropractor for Active Release Therapy (ART)?

- Yes
- No

What body area was injured?

- Spine
- Upper Extremity (above the waist)
- Lower Extremity (below the waist)
- Other/unclassified by site

Which body part was injured?

- Neck
- Upper back
- Middle back
- Lower Back
- Shoulder
- Upper Arm
- Elbow
- Forearm
- Wrist
- Hand
- Hip
- Groin
- Knee
- Lower leg
- Achilles/Calf
- Ankle
- Foot/toe

What was the injury?

Prior to the injury did you feel any discomfort in the injured area?

- No, not at all
- Yes, slight pain/stiffness for the past week
- Yes, slight pain/stiffness for more than 1 week
- Other

What sort of discomfort did you feel?

Have you had an injury to the same body part over the past year?

- Yes
- No

What was the diagnosis of the previous injury?

- General inflammation and pain
- Joint overuse
- Stress fracture
- Sprain/Strain
- Rupture
- Dislocation
- Other/unspecified pain

What was the final diagnosis of the third injury?

- General inflammation and pain
- Joint overuse
- Stress fracture
- Sprain
- Strain
- Rupture
- Dislocation
- Other/unspecified pain

Who made the diagnosis?

- Yourself
- Coach
- Physician
- Chiropractor
- Physical Therapist
- Nurse
- Other

What was the medical diagnosis communicated to you by the healthcare provider?

_____ (ex; hamstring strain, biceps femoris rupture)

Did you have to abstain from training due to this injury?

- Yes
- No

How long did you have to completely abstain from training due to the injury?

_____ (days)

How long did you did you have to participate in reduced training after returning from the third injury?

(days)

What exercise do you think resulted in the injury?

In what context of the exercise did the injury occur?

- _____
 Heavy 1RM, 3RM, or 5RM
 Heavier conditioning workout
 Lighter higher repetition conditioning workout
 Practicing movement outside of a workout or structured lift
(RM = Repetition Maximum (most weight you can lift for a defined number of movements))

What do you think caused the injury?

- Improper form
 Too heavy of a weight
 Fatigue
 Lack of guidance
 Exacerbation of previous injury
 Other

Did the injury occur in a competition?

- Yes
 No

Did the injury occur during a team workout?

- Yes
 No